

# **House of Representatives**

General Assembly

File No. 627

January Session, 2015

Substitute House Bill No. 6949

House of Representatives, April 14, 2015

The Committee on Public Health reported through REP. RITTER of the 1st Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

#### AN ACT CONCERNING CHILDHOOD VACCINATIONS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. Subsection (a) of section 10-204a of the general statutes is
- 2 repealed and the following is substituted in lieu thereof (Effective July
- 3 1, 2015):

- 4 (a) Each local or regional board of education, or similar body
  - governing a nonpublic school or schools, shall require each child to be
- 6 protected by adequate immunization against diphtheria, pertussis,
- 7 tetanus, poliomyelitis, measles, mumps, rubella, hemophilus
- 8 influenzae type B and any other vaccine required by the schedule for
- 9 active immunization adopted pursuant to section 19a-7f before being
- 10 permitted to enroll in any program operated by a public or nonpublic
- school under its jurisdiction. Before being permitted to enter seventh
- 12 grade, a child shall receive a second immunization against measles.
- 13 Any such child who (1) presents a certificate from a physician,
- 14 physician assistant, advanced practice registered nurse or local health
- agency stating that initial immunizations have been given to such child

and additional immunizations are in process under guidelines and schedules specified by the Commissioner of Public Health; or (2) presents a certificate from a physician, physician assistant or advanced practice registered nurse stating that in the opinion of such physician, physician assistant or advanced practice registered nurse such immunization is medically contraindicated because of the physical condition of such child; or (3) presents a <u>notarized</u> statement from the parents or guardian of such child that such immunization would be contrary to the religious beliefs of such child; or (4) in the case of measles, mumps or rubella, presents a certificate from a physician, physician assistant or advanced practice registered nurse or from the director of health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or (5) in the case of hemophilus influenzae type B has passed his fifth birthday; or (6) in the case of pertussis, has passed his sixth birthday, shall be exempt from the appropriate provisions of this section. If the parents guardians of any children are unable to pay for such immunizations, the expense of such immunizations shall, on the recommendations of such board of education, be paid by the town.

Sec. 2. Subsection (a) of section 19a-79 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July* 37 1, 2015):

(a) The Commissioner of Early Childhood shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive, and to assure that child day care centers and group day care homes shall meet the health, educational and social needs of children utilizing such child day care centers and group day care homes. Such regulations shall (1) specify that before being permitted to attend any child day care center or group day care home, each child shall be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f,

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including appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parents [object] or guardian objects to such immunization on religious grounds, and that any objection by parents or a guardian to immunization of a child on religious grounds shall be accompanied by a notarized statement from such parents or guardian that such immunization would be contrary to the religious beliefs of such child, (2) specify conditions under which child day care center directors and teachers and group day care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving child day care services at such child day care center or group day care home pursuant to the written order of a physician licensed to practice medicine or a dentist licensed to practice dental medicine in this or another state, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child, (3) specify that an operator of a child day care center or group day care home, licensed before January 1, 1986, or an operator who receives a license after January 1, 1986, for a facility licensed prior to January 1, 1986, shall provide a minimum of thirty square feet per child of total indoor usable space, free of furniture except that needed for the children's purposes, exclusive of toilet rooms, bathrooms, coatrooms, kitchens, halls, isolation room or other rooms used for purposes other than the activities of the children, (4) specify that a child day care center or group day care home licensed after January 1, 1986, shall provide thirty-five square feet per child of total indoor usable space, (5) establish appropriate child day care center staffing requirements for employees certified in cardiopulmonary resuscitation by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute or Medic First Aid International, Inc., (6) specify that on and after January 1, 2003, a child day care center or group day care home (A) shall not deny services to a

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child on the basis of a child's known or suspected allergy or because a child has a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction, or for injectable equipment used to administer glucagon, (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the use of such equipment on-site during all hours when such a child is on-site, (C) shall require such child's parent or guardian to provide the injector or injectable equipment and a copy of the prescription for such medication and injector or injectable equipment upon enrollment of such child, and (D) shall require a parent or guardian enrolling such a child to replace such medication and equipment prior to its expiration date, (7) specify that on and after January 1, 2005, a child day care center or group day care home (A) shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma, and (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the administration of such medication on-site during all hours when such a child is on-site, and (8) establish physical plant requirements for licensed child day care centers and licensed group day care homes that exclusively serve school-age children. When establishing such requirements, the Office of Early Childhood shall give consideration to child day care centers and group day care homes that are located in private or public school buildings. With respect to this subdivision only, the commissioner shall implement policies and procedures necessary to implement the physical plant requirements established pursuant to this subdivision while in the process of adopting such policies and procedures in regulation form. Until replaced by policies and procedures implemented pursuant to this subdivision, any physical plant requirement specified in the office's regulations that is generally applicable to child day care centers and group day care homes shall continue to be applicable to such centers and group day care homes that exclusively serve school-age children. The commissioner shall print notice of the intent to adopt regulations pursuant to this subdivision in the Connecticut Law Journal not later

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than twenty days after the date of implementation of such policies and procedures. Policies and procedures implemented pursuant to this subdivision shall be valid until the time final regulations are adopted.

This act shall take effect as follows and shall amend the following		
sections:		
Section 1	July 1, 2015	10-204a(a)
Sec. 2	July 1, 2015	19a-79(a)

**PH** Joint Favorable Subst.

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

## **OFA Fiscal Note**

State Impact: None

Municipal Impact: None

Explanation

There is no fiscal impact to the state associated with requiring parents or guardians to notarize certain statements regarding the immunization of their children.

The Out Years

State Impact: None

Municipal Impact: None

# OLR Bill Analysis sHB 6949

# AN ACT CONCERNING CHILDHOOD VACCINATIONS.

#### SUMMARY:

Current law exempts children from school immunization requirements if a child presents a statement from his or her parents or guardians that the immunization would be contrary to the child's religious beliefs. This bill requires that the statement be notarized. The bill also extends the notarization requirement to children attending child day care centers and group day care homes whose parents or guardians object to such immunization on religious grounds.

Existing law requires children attending child day care centers, group day care homes, and public and private schools to be immunized against certain diseases, such as measles, mumps, and rubella; diphtheria, tetanus, and pertussis; and polio, among others (see BACKGROUND). In addition to the above religious exemption, the law provides a medical exemption for children who can document that immunization is medically contraindicated.

EFFECTIVE DATE: July 1, 2015

#### **BACKGROUND**

## Childhood Immunization Requirements

Connecticut requires children attending day care facilities or public and private schools to be immunized against the following diseases:

- 1. Measles, Mumps, Rubella (preschool through grade 12);
- 2. Polio (preschool through grade 12);
- 3. Diptheria, Tetanus, Pertussis (preschool through grade 12);

- 4. Hemophilus influenza B (under age 5);
- 5. Hepatitis B (preschool through grade 12);
- 6. Hepatitis A (preschool and kindergarten);
- 7. Chicken Pox (preschool through grade 12);
- 8. Influenza (preschool);
- 9. Pneumonia (under age 5); and
- 10. Meningitis (7<sup>th</sup> grade) (CGS § 10-204a, 19a-7f and Conn. Agencies Regs. §§ 10-204a et seq. and 19a-79-6a).

## **COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute Yea 23 Nay 4 (03/27/2015)